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FACSIMILE TRANSMISSION COVER SHEET

DATE: October 28, 2005

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FROM: Randall K. McCarthy, Registration No. 39,297

TO: Mail Stop Amendment
Commissioner for Patents
P. C. Box 1450
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Art Group 2652	571/273-8300	866/217-9197

RE: Application No. 10/713,825
In re application of: Xu Zuo, et al.
Assignee: SEAGATE TECHNOLOGY LLC
Dkt. No.: STL11497

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OCT 28 2005

PATENT
Dkt. STL11497

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Xu Zuo and Xiaohong Sun
Assignee: SEAGATE TECHNOLOGY LLC
Application No.: 10/713,825 Group No.: 2652
Filed: November 14, 2003 Examiner: Allen Cao
For: ACTUATOR ASSEMBLY INCLUDING AN ACTUATOR BODY DAMPING ASSEMBLY

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

11/01/2005 CNGUYEN2 00000073 10713825

01 FC:1201	200.00 OP
02 FC:1202	200.00 OP

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

TRANSMISSION
Facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300

Date: October 28, 2005

Signature



Diana C. Anderson

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	24	- 20	= 4	x \$ 50.00	= \$		200.00
INDEP.	4	- 3	= 1	x \$ 200.00	= \$		200.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	= \$		0.00
				TOTAL ADDIT. FEE	\$		400.00

Total additional fee for claims required \$400.00

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$400.00 to Credit card as shown on the attached credit card information authorization form PTO-2038.

Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 06-0540. A duplicate of this paper is attached.

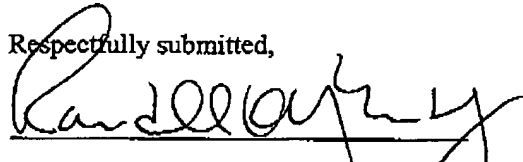
FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 06-0540.
If an additional fee for claims is required, charge Account No. 06-0540.

Date:

10/28/05

Respectfully submitted,



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